

PUERTO RICO DURABLE POWER OF ATTORNEY

This Power of Attorney is executed on the _____ day of _____, _____.

I, _____, as principal in this Durable Power of Attorney, hereby appoint,

_____, whose address is _____

_____, as my true and lawful agent and

Attorney- in-Fact, to act in my behalf and in my name for the following purposes and with the following powers.

I give my appointed Attorney- in-Fact full authority to perform any acts as fully as I might or could do if I were personally present and acting, with power and authority to perform any acts necessary or incident to the execution of the powers expressly granted in this document.

I grant my Attorney- in-Fact broad authority so that he/she can deal with whatever circumstances may arise. Authorizing my Attorney- in-Fact to do all acts which I could do if personally present, I include the following specific powers. However, the following list of powers is not intended to limit any other of the general powers I grant to my Attorney- in-Fact:

A. Powers of Property Management

1. Deposit and withdraw form bank accounts
2. File tax returns
3. Initiate or defend lawsuits
4. Receive funds of any type
5. Endorse and write checks
6. Sign contracts, notes, assignments, etc.
7. Invest assets
8. Votes shares of stock
9. Sell real or personal property
10. Execute and deliver deeds and leases
11. Access to safety-deposit boxes
12. Demand, compromise and receive claims of money owing

13. Conduct general business activities.

B. Powers of Custody and Management of the Principal

1. Nominate guardian or conservator
2. Care and disposition of pets and animals
3. Arrange funeral and burial
4. Make or prohibit anatomical gifts
5. Employ nonmedical personnel such as domestics
6. Store and insure real and personal property
7. Renounce or resign from fiduciary positions
8. Provide for recreation, travel, religious needs or companionship

C. Powers to Make Health Care Decisions for the Principal

1. Request, receive and review all medical records
2. Employ and discharge medical personnel
3. Consent or revoke, withdraw or modify medical care
4. Grant releases to medical personnel
5. Authorization for nursing homes

D. Powers of Estate Planning for the Principal

1. Make gifts of charitable and non-charitable nature
2. Create, fund, mend, and terminate trusts, including those solely for the benefit of the principal
3. Purchase life insurance, alter beneficiary designations, borrow against policies, repay policy loans, and pay premiums
4. Exercise a spouse's elective share rights
5. Exercise options under retirement plans

I further authorize _____ to act as my "watchdog" to obtain and receive information from my Attorney-in-Fact named above, or to obtain and receive information from any third party with whom my Attorney-in-Fact has had contact, whenever my "watchdog" deems appropriate. Any third party releasing information Regarding the acts and actions of my Attorney-in-Fact shall not be liable for the release of such information, confidential or otherwise, to my "watchdog." The third party releasing the information need not advise the Attorney-in-Fact of the inquiry or of the inquiry or of the information released.

This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, and shall continue in force even though I may suffer mental incapacity, pursuant to the Uniform Durable Powers of Attorney Act, *W. Va. Code §§ 39-4-1 thru 39-4-7*.

SIGNATURE OF PRINCIPAL

Taken, sworn to and subscribed before me this ____ day of _____,
_____. My commission expires _____, _____.

NOTARY PUBLIC